

DWM-029

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: NORTH AMERICAN REISS CORP.

FILE NUMBER: 13-12-10

VHT FACILITY FILE NUMBER: _____

PERMIT #: _____

REGION: C

INSPECTION DATE: 2/28/89

INCIDENT/CASE NUMBER: _____

INSPECTION TYPE: RCRA

RESPONSIBLE AGENCY CODE: _____

INSPECTOR'S NAME: ROBIN A JONES

INSPECTOR'S AGENCY: DEPHWM

INSPECTOR'S BUREAU: ENFORCEMENT

EPA ID NUMBER: NJD000317933

ADDRESS:
MOUNT VERNON RD, ENGLISHTOWN,
MONMOUTH CO., NJ 07726

LOT: 9 BLOCK: 59

COUNTY: MONMOUTH

FACILITY PERSONNEL: EDWIN JESSE :- GENERAL MGR.

TELEPHONE #: 201-446-3200

OTHER STATE/EPA PERSONNEL: PETER TAYLOR - NJDEP

REPORT PREPARED BY: ROBIN A JONES

REVIEWED BY: Larry Z. Jones

DATE OF REVIEW: 3-14-89

TIME IN: 0900

TIME OUT: 1100

PHOTOS TAKEN () YES (☒) NO

IF YES, HOW MANY? _____

SAMPLE TAKEN () YES (☒) NO

NO. OF SAMPLES _____

NJDEP SAMPLE ID#: _____

MANIFESTS REVIEWED (☒) YES () NO

Number of manifests in compliance 5

Number of manifests not in compliance 35 - possible land bar violation

* List manifest document numbers of those manifests not in compliance. ~~These manifests were not reviewed as to DOI, when~~

- ~~1. NTA0136260~~
- ~~2. NTA0151761~~
- ~~3. NTA0133217~~
- ~~4. NTA0133218~~
- ~~5. NTA0153289~~
- ~~6. NTA0172737~~
- ~~7. NTA0182515~~
- ~~8. NTA0173262~~
- ~~9. NTA0182517~~
- ~~10. NTA0213309~~
- ~~11. NTA0214161~~
- ~~12. NTA0220513~~
- ~~13. NTA0265529~~
- ~~14. NTA0241012~~
- ~~15. NTA0205537~~
- ~~16. NTA0205400~~

- ~~17. NTA0253887~~
- ~~18. NTA0262753~~
- ~~19. NTA0262727~~
- ~~20. NTA0288214~~
- ~~21. NTA0311803~~
- ~~22. NTA0311837~~
- ~~23. NTA0288159~~
- ~~24. NTA0298108~~
- ~~25. NTA0311881~~
- ~~26. NTA0298372~~
- ~~27. NTA0218399~~
- ~~28. NTA0311925~~
- ~~29. NTA0333934~~
- ~~30. NTA0333941~~
- ~~31. NTA0381602~~
- ~~32. NTA0387027~~
- ~~33. NTA0390598~~

- ~~34. NTA0387026~~
- ~~35. NTA0414921~~

-A1-

SUMMARY OF FINDINGSFACILITY DESCRIPTION AND OPERATIONS:

NORTH AMERICAN REISS CORPORATION DEALS WITH
HIGH PRESSURE & LOW PRESSURE THERMO PLASTIC MOLDING
AKA: INJECTION MOLDING OR STRUCTURAL INJECTION MOLDING.

THEY PERFORM ALL CUSTOM WORK INVOLVING MACHINE ENCLOSURES,
USING FIRE-RETARDANT MATERIALS; THEY SHIP THEIR PRODUCTS
NATIONALLY. REISS CORP. BOUGHT THE BUILDING LOCATED ON
A 60 ACRE LOT IN 1970 FROM CONSOLIDATED ALUMINUM
CORP, WHO DEALT WITH ROLLING THIN ALUMINUM TO PAPER
BACKINGS. THEY WERE THE ORIGINAL INHABITANTS IN 1967.

REISS CORP ~~WAS~~ BEGAN ITS OPERATIONS IN 1972.

THEY CURRENTLY EMPLOY 200 FULL-TIME EMPLOYEES
SPANNING 24 HOURS MONDAY THROUGH FRIDAY, AND
USUALLY FOR SEVERAL HOURS ON SATURDAYS.

TO DATE THEY STORE 10-55 GALLON DRUMS MARKED
"WASTE OIL" OR "WASTE WATER" FILLED TO DIFFERENT LEVELS.
THIS IS ^{USED} HYDRAULIC OIL ^{WAITING} ~~AND~~ TO BE PUT IN 2-275
GALLON TANKS AND A CENTRIFUGAL SEPARATOR TO SEPARATE
THE SOLIDS AND WATER. THE "PURE" WATER IS THEN PUMPED
INTO A "FIRE WATER POND" WHICH IS CEMENT-LINED. THIS POND
OCCASSIONALLY OVERFLOWS FORMING A STREAM THAT SEEPS BACK
INTO THE GROUND WHILE STILL ON THE REISS CORP PROPERTY.

THE SOLIDS THEN ARE PUT IN 55 GALLON DRUMS
AND MARKED "HAZARDOUS WASTE" TO SIMPLIFY ~~THEIR~~ DISPOSAL
SYSTEM. TO DATE THEY HAVE MADE ONE SUCH SHIPMENT
TOTALING 725 GALLONS (X726).

-A2-

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS (continued):

ALTHOUGH HYDRAULIC OIL IS NOT REGULATED BY
THE DIVISION OF HAZARDOUS WASTE MANAGEMENT, IT WILL BE
REFERRED TO THE DIVISION OF WATER RESOURCES.

IT SHOULD BE MENTIONED THAT A VERY LIGHT SHEEN COULD
BE DETECTED ALONG THE EDGE OF THE POND.

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS (continued):

-B-

Describe the activities that result in the generation of hazardous waste.

THEY SPRAY PAINT THE PLASTIC INJECTION MOLDINGS
AND WASH SPRAY GUNS WITH SOLVENTS - FC001, FC003.

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

16-55 GALLON DRUMS OF MIXED PAINT STILL BOTTOMS
AND SOLVENTS CONTAINING TOLUENE, MIBK, MEK & ACETONE
STORED OUTSIDE.

GENERAL CHECKLIST

GENERAL

YES NO N/A

7:26-7.4(a)1

Does the Generator have an EPA ID number?

✓

HAZARDOUS WASTE DETERMINATION

7:26-8.5(a)

Did the generator test its waste to determine whether it is hazardous?
FROM KNOWLEDGE of PRODUCT

✓

7:26-8.5(b)

Did the generator determine the hazardous characteristics based upon knowledge of process?

✓

Is the waste hazardous?

✓

7:26-8.5(d)

Were test results, waste analysis, or other determinations made in accordance with this section kept for three years from the date that the waste was last sent to an on-site or off-site TSF?

✓

MANIFESTS

TRANSPORTER TESTS SOME SHIPMENTS
RESULTS ON SITE

7:26-7.4(a)4

Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).

7:26-7.4(a)4i

The generator's name, address and phone number.

✓

7:26-7.4(a)4ii

The generator's EPA ID number.

✓

7:26-7.4(a)4iii

The hauler(s) name, address phone number and NJ registration.

✓

7:26-7.4(a)4iv

The hauler(s) EPA ID number.

✓

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓

7:26-7.4(a)4vi

The TSF's EPA ID number.

✓

7:26-7.4(a)4v

The name, address and phone number of the designated TSD facility.

✓

7:26-7.4(a)4vii

The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same? PRIOR TO 5/31/88 ALL WASTE LISTED WAS DETERMINED TO BE D001, F003, F005 WAS NOT LISTED UNTIL THIS DATE.

POSSIBLE LAND BAN VIOLATION

7:26-7.4(a)4viii

Special handling instructions and any other information required on the form to be shipped by generator?

✓

		YES	NO	N/A
7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
? 7:26-7.4(a)ix	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5i	Sign the manifest certification by hand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
? 7:26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☒ Containers 55 GALLON DRUMS
☐ Tanks (greater than 90 days)
(complete HWMF (TSD) Facility Checklist)
☐ Tanks (less than 90 days)
☐ Above ground
☐ Below ground
☐ Surface impoundments
(complete HWMF (TSD) Facility Checklist)
☐ Piles (complete HWMF checklist)

7:26-9.3(a)1

Is waste accumulated for more than
90 days?YES NO N/A

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSF) CHECKLIST IS
FILLED OUT.

Short term accumulation standards for generators who accumulate waste in containers and tanks for 90 days or less:

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
<u>Containers</u>				
7:26-9.4	What type of containers are used for storage. Describe size, type, quantity, and nature of waste (e.g. 12 fifty-five gallon drums of waste acetone).	✓	—	—
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	✓	—	—
	If no, describe the problem (include number of containers involved.)			
7:26-9.4(d)4i	Are all containers securely closed except those in use?	✓	—	—
7:26-9.4(d)4i1i	Do the containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing and/or leaking?	✓	—	—
7:26-9.4(d)4iv	Are containerized hazardous wastes segregated in storage by waste type?	✓	—	—
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	✓	—	—
■ 7:26-9.4(d)5	Is the container storage area inspected at least daily?	—	✓	—
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 (fifty) feet (15 meters) from the facilities property line?	✓	—	—
7:26-7.2(a)	* Did the owner/operator conspicuously label appropriate manifest number on all hazardous waste containers that are intended for shipment?	—	—	✓ THE CURRENT DRUMS WERE PREMATURE FOR SHIPMENT
7:26-9.3(a)3	Is each container clearly dated with each period of accumulation so as to be visible for inspection?	✓	—	—

YES NO N/A

7:26-7.2(b)

Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179)

✓

Tanks (Less than 90 day storage)

7:26-9.3(b)

Does the generator accumulate hazardous waste on-site in an above ground tank?

TANK
SPECS

If yes, describe the tank(s):

- 1) Capacity _____
- 2) Shell thickness _____
- 3) Material Construction _____
- 4) Age of tank _____

7:26-9.3(b)

Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less?

7:26-9.3(b)1

Does each tank(s) have sufficient shell thickness to ensure the tank will not collapse or rupture as specified by the Department?

7:26-9.3(b)4

Is the tank(s) designed so that at least 99% of the volume of each of the tanks can be emptied by direct pumping or drainage?

7:26-9.3(b)5

Is each tank(s) rendered empty (1% or less remaining) every 90 days or less?

7:26-9.3(b)6

Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility?

7:26-9.3(b)8

If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part?

7:26-10.5(c)1

Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)?

7:26-10.5(c)2

Does the generator use appropriate controls and practices to prevent overfilling?

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-10.5(c)211	For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action by or precipitation?	—	—	—
7:26-9.3(b)3	Does each tank(s) or storage tank area have secondary containment?	—	—	—
7:26-10.5(d)1	Is the containment system capable of collecting and holding spills, leaks, and precipitation?	—	—	—
7:26-10.5(d)11	Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed?	—	—	—
7:26-10.5(d)11	Does the containment system consist of material compatible with the wastes being stored?	—	—	—
7:26-10.5(d)111	Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation?	—	—	—
7:26-10.5(d)111	Is the tank protected from contact with accumulated liquids?	—	—	—
7:26-10.5(d)iv	Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater?	—	—	—
7:26-10.5(d)2	Is run-on into the containment area prevented?	—	—	—
	If not, explain.			
7:26-10.5(d)3	Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system?	—	—	—
7:26-10.5(d)4	Is spilled or leaked waste removed from the pump or collection area daily?	—	—	—

YES NO N/A

7:26-10.5(d)41	If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter?	—	—	✓
7:26-9.4(g)4	<u>Personnel Training</u> Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?	—	✓	—
7:26-9.4(g)5	Has facility personnel taken part in an annual review of initial training?	—	✓	—
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan to implementation) relevant to the positions in which they are employed?	—	✓	—
	Is there written documentation of the following:			
7:26-9.4(g)61	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	—	✓	—
7:26-9.4(g)611	A written job description for each position related to hazardous waste management?	—	✓	—
7:26-9.4(g)6111	A written job description on the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management?	—	✓	—
7:26-9.4(g)61v	Documentation of actual training or experience received by personnel?	—	✓	—
7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	—	✓	—

YES NO N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-96(b)1

An internal communications or alarm system?

✓ — —

7:26-9.6(b)2

A telephone or other device to summon emergency assistance from local authorities?

✓ — —

7:26-9.6(b)3

Portable fire equipment, spill control equipment, and decontamination equipment?

✓ — —

7:26-9.6(b)4

Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system?

✓ — —

7:26-9.6(c)

Is equipment tested and maintained?

✓ — —

7:26-9.6(d)1

Is there immediate access to communications or alarm systems during systems during handling of hazardous waste?

✓ — —

7:26-9.6(e)

Adequate aisle space (18") to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

✓ — —

If no, please explain.

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

✓ — —

Explain.

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type waste handled on site:

✓ — —

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled - associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes.

✓ — —

YES NO N/A

7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment supplies?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosion, or discharges at the facility?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(f)5	Arrangement with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.6(f)6	If authorities identified in (f)1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record.	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7.26-9.7?	<u>✓</u>	<u>—</u>	<u>—</u>
7:26-9.4(g)8i	If no, did the owner or operator petition the Department for an exemption from the semi annual drills requirement?	<u>—</u>	<u>—</u>	<u>✓</u>
7:26-9.4(g)8ii	Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi annual drill requirements?	<u>—</u>	<u>✓</u>	<u>—</u>
	If yes, did the owner operator provide those specific local officials with written approval of the exemption?	<u>—</u>	<u>—</u>	<u>✓</u>

YES NO N/A

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water?

✓

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

✓

7:26-9.7(c)

Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

✓

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.

✓

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

✓

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?

✓

YES NO N/A

7:26-9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates?

✓

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external) and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities?

✓

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in case where the primary route could be blocked by releases of hazardous waste or fires)?

✓

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility;
2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?

✓

✓

7:26-9.7(k)

Is there an employee on site or on call at all times with the responsibility of coordinating, all emergency response measures?

✓

Inspector: ROBIN A JONES
Address: E. WINDSOR
Telephone No: 609-426-0700

RCRA LAND DISPOSAL RESTRICTION
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

A. Handler Name NORTH AMERICAN REISS CORP. B. Street (or other identifier) MOUNT VERNON RD
C. City ENGLISH TOWN D. State NJ E. Zip Code MONMOUTH F. County Name MONMOUTH
G. Nature of Business; Identification of Operations: SIC Code(s) NJD0000317933
H. EPA ID # JESSE
I. Handler Contact (Name and Phone Number) EDWIN ~~REISS~~ / DAVID REINHARDT. 201-446-3200

II. GENERATOR COMPLIANCE

A. Waste Identification

1. F-Solvents

a. Does the handler generate the following wastes?

(1) F001, F002, F004, or F005 ☒ Yes ☐ No

(11) F003 ☒ Yes ☐ No

If an F003 wastestream (listed solely for ignitability) has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?

☒ Yes ☐ No

b. Source of the above: Form 8700-12 ; Part A ; Part B ; Biennial/Annual Reports
other (specify) MANIFESTS

Comments

It appears that co. may be misclassifying their F005 waste as D001

✓ Prior to 5/31/88

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A-1. To assist in identifying potentially

Resigned
REISS

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

misclassified F-solvents, Appendix A-2 presents a list of corresponding P and U wastes. Note concerns below: _____

2. Dioxin wastes

- a. Does the handler report the generation of the following wastes? (The following industries may generate listed dioxin wastes: organic chemicals, pesticide or formulator.)

(i) F020 - F023, F026 - F027 ☐ Yes ☒ No
(ii) F028 ☐ Yes ☒ No

[F-solvent BDAT standards are presented as Appendix B]

3. California Waste Identification

- a. Does the facility handle any of the following wastes?

(i) D002 ☐ Yes ☒ No
(ii) D004 - D011 ☐ Yes ☒ No

- b. Does the generator handle any hazardous wastes characterized by high concentrations of halogenated organic constituents (HOCs), metals, or cyanides? ☐ Yes ☒ No

[California waste standards are presented as Appendix C]

- c. Is the generator handling any of the F, K, P, or U wastes subject to the "soft hammer" that may qualify as California wastes due to HOC, metals, or cyanide content? See Appendix D for a listing of California constituents likely to be found by waste code. ☐ Yes ☐ No

- d. Has the generator conducted the paint filter test (Method 9095) [§268.32(i)]? ☐ Yes ☐ No*

- e. Has the generator conducted any testing of these hazardous wastes to determine whether the concentrations qualify the hazardous wastes as California wastes? ☐ Yes ☐ No

If no, has the generator retained records documenting his "applied knowledge" that the hazardous waste is not a California waste? ☐ Yes ☐ No

2/ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

If "no" is answered to both parts of this question, a violation is indicated. [§268.7(a)]

Describe the nature of the records:

- f. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____.

4. First Third Waste Identification

- a. Does the generator handle any of the wastes listed as First Third Wastes in §268.10? See Appendix E for listing. List First Third Wastes handled by the generator here:
- _____
- _____
- _____

- b. Does the generator handle any soft-hammer wastes (Appendices D-1, D-2, and F)? If so, list those wastes:
- _____
- _____

- c. Are any of the soft-hammered wastes California wastes (see Appendix G)? ☐ Yes ☐ No

If yes, the wastes must meet BDAT standards prior to disposal.

- d. Has the Regional Administrator received demonstrations/certifications for all soft hammered wastes to be land disposed [§268.8(a)(2)]? ☐ Yes ☐ No*

- e. Source of the above: Form 8700-12 _____; Part A _____; Part B _____; Biennial/Annual Report _____; other (specify) _____.

B. BDAT Treatability Group - Treatment Standards Identification

1. Does the generator mix restricted wastes with different treatment standards for constituents of concern? ☐ Yes ☐ No
2. If yes, did the generator select the most stringent treatment standard for the constituent of concern [§268.41(b)]? ☐ Yes ☐ No*

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

3. F Solvents - -

- a. Did the generator correctly determine the appropriate treatability group [§268.41] of the waste (e.g., wastewaters containing solvents, nonwastewater (i.e., < 1% TOC), pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

___ Yes ___ No*

4. California Wastes

- a. Did the generator correctly determine the distinction between liquid hazardous wastes and non-liquid hazardous wastes that contain HOCs in concentrations greater than 1,000 mg/kg [§268.32(h)]?

___ Yes ___ No*

5. First Third Wastes

- a. Did the generator ascertain whether restricted wastes were appropriately assigned wastewater or nonwastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) [§268.7(a)]?

___ Yes ___ No*

- b. Does the facility handle K061 wastes?

___ Yes ___ No

If yes, were nonwastewaters appropriately classified in either the high or low zinc subcategories (≥15% Zn) [§268.7(a)] [§268.41(a)]?

___ Yes ___ No*

- c. Does the facility handle K101 or K102 wastes?

___ Yes ___ No

If yes, were nonwastewaters appropriately classified in either the high or low arsenic subcategories [§268.7(a)] [§268.41(a)]?

___ Yes ___ No*

- d. Is there any reason to believe that the generator may have diluted the waste to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling)?

___ Yes ___ No

Hander Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

C. Waste Analysis - -

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. Knowledge of wastes ☒ Yes ☐ No

- (i) List wastes for which "applied knowledge" was used:

F003, F005

b. TCLP ☐ Yes ☒ No

- (i) List wastes for which "TCLP" was used:

- (ii) Appendix D lists wastes for which treatment standards are expressed as concentrations in waste extract. Were any wastes handled by the generator subject to waste extract standards not tested using the TCLP? ☐ Yes ☐ No

N/A

If yes, list: _____

c. Total waste analysis ☐ Yes ☐ No

- d. If files were retained, describe content and basis of applied knowledge determination:

MSDS SHEETS UNCHANGED
DURING USE AND WASTE IS ANALYZED
ONCE PER YR. CHARACTERISTICS UNCHANGED (WASTE STREAM)

If determined by TCLP or total constituent analysis, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: 1/11/88 SEE ATTACHED

Note which wastes were subjected to which tests:

COMPOSITE WASTE ON SITE

Note any problems (e.g., inadequate analysis, variation of waste composition/generation for applied knowledge) _____

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

e. Were wastes tested using TCLP or total constituent analysis when a process or wastestream changed [§264.13(a)(3)(i) or §265.13(a)(3)(i)]? *N/A*

____ Yes ____ No*

2. Did the restricted wastes exceed applicable treatment group treatment standards upon generation [§268.7(a)(1)]?

List those that exceeded standards: ALL EXCEEDED

List those that did not exceed standards: _____

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3] ____ Yes* ☒ No

D. Management

1. Onsite management

a. Were restricted wastes managed onsite? ☒ Yes ☒ No

If no, go to "2".

b. For wastes that exceed treatment standards, was treatment in regulated units, storage for greater than 90 days, and/or disposal conducted? ____ Yes ____ No

If yes, TSDf checklist must be completed.

2. Offsite Management

a. If restricted wastes exceed treatment standards, did generator provide treatment facility notification with each shipment? [268.7(a)(1)]:

(i) EPA Hazardous Waste Number? ☒ Yes ____ No*

(ii) Corresponding treatment standard? ☒ Yes ☒ No* *12/1/88 EXCEPTION (JUST INITIATED)*

(iii) Manifest number? ☒ Yes ____ No*

(iv) Waste analysis, if available? ____ Yes ☒ No

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

Identify offsite treatment facilities INDUSTRIAL FUELS; INDIANA

SOLVENT RECOVERY SERVICE; NJ
MARISOL; NJ

b. If restricted wastes do not exceed treatment standards, did generator provide the disposal facility with a notice and certification including:

- (i) EPA hazardous waste I.D. number? ☐ Yes ☐ No*
- (ii) Corresponding treatment standard? ☐ Yes ☐ No*
- (iii) Manifest number ☐ Yes ☐ No*
- (iii) Certification regarding waste and that it meets treatment standards? ☐ Yes ☐ No*

N/A

Identify land disposal facilities receiving the BDAT certified wastes _____

c. If the generator's waste is subject to a §268.5 case by case exemption, a §268.6 "no migration" exemption, or a nationwide variance (see Appendix E for restricted wastes subject to nationwide variances), does the generator's records indicate that he or she submits with each waste shipment [§268.7(a)(3)]:

- (i) EPA Hazardous Waste Number? ☐ Yes ☐ No*
- (ii) Corresponding Treatment Standards? ☐ Yes ☐ No*
- (iii) All applicable prohibitions? ☐ Yes ☐ No*
- (iv) The manifest number? ☐ Yes ☐ No*
- (v) The date the wastes are subject to prohibitions? ☐ Yes ☐ No*
- (vi) Does generator keep records of all notifications/certifications sent to offsite facilities? ☐ Yes ☐ No*

Handl Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

List all prohibited wastes for which records are not provided per above [§268.7(a)(b):

Identify TSDFs receiving any prohibited wastes subject to any exemptions and variances:

- d. If handler generates a "soft hammer" waste, does the generator send with each "soft hammer" waste shipment to a TSDF and retain copies of, a notice that includes [268.7(a)(4)]:

The EPA Hazardous Waste Number? ☐ Yes ☐ No*

Applicable prohibitions? ☐ Yes ☐ No*

The manifest number? ☐ Yes ☐ No*

Waste analysis data, where available?
☐ Yes ☐ No

- (i) Do the generator's records indicate that any soft-hammer wastes are destined for disposed in a landfill or surface impoundment [§268.33(f)]? ☐ Yes ☐ No

If yes, list facility of destination and waste of concern [§268.8(a)(2)]

- (ii) Has the generator submitted demonstrations and certifications for each "soft-hammered" waste destined to be disposed in landfill or surface impoundment to the Regional Administrator prior to the shipment of waste to the TSDF [§268.7(a)(2)]? ☐ Yes ☐ No*

- (iii) Has the generator retained a copy of the demonstration on site [§268.8(a)(3)-(a)(4)]? ☐ Yes ☐ No*

- (iv) Has the generator retained copies of all §268.8 certifications sent to the TSDF [§268.7(a)(6)] ☐ Yes ☐ No*

Handl Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

(v) Did the generator submit the demonstration to the receiving facility upon the initial shipment of the waste [§268.8(a)(3)-(a)(4)]? ☐ Yes ☒ No*

(vi) If the Regional Administrator has invalidated the certification, has the generator ceased shipment of the waste and do records indicate that the generator has informed all receiving facilities of the invalidation [§268.8(b)(3)]? ☐ Yes ☒ No*

N/A

E. Storage of Prohibited Waste

1. Were prohibited wastes stored for greater than 90 days? ☐ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit [§262.34(b)]? ☐ Yes ☒ No*

If yes, TSDF Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? ☐ Yes ☒ No

If yes, list type of treatment unit and processes

If yes, TSDF checklist must be completed.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

TRANSPORTER CHECKLIST

I. FACILITY IDENTIFICATION

A. Site Name _____ B. Street (or other identifier) _____

C. City _____ D. State _____ E. Zip Code _____ F. County Name _____

G. Description of Operations _____

H. EPA ID # _____

I. Facility Contact (Name and Phone Number) _____

II. TRANSPORTER REQUIREMENTS

Comments

A. Does the transporter store restricted wastes for greater than 10 days [268.50(a)(3)]? ☐ Yes ☐ No

1. If yes, does transporter have 264/265 status as storage facility (e.g., has submitted part A?) ☐ Yes ☐ No*

B. Describe inventory controls to ensure that restricted wastes are not stored for greater than 10 days.

C. Does the transporter mix restricted wastes prior to transport to a TSDF? ☐ Yes ☐ No

1. If yes, list the restricted wastes that have been mixed: _____

List instances where soft hammer wastes have been mixed with restricted wastes: _____

⚠ A potential violation is indicated

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

- D. Obtain a list of generators for whom restricted wastes have been transported.
- E. Obtain a list of treatment, storage and disposal facilities which frequently receive restricted wastes.

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

DRAFT
RCRA LAND RESTRICTION
TREATMENT, STORAGE, AND DISPOSAL REQUIREMENTS CHECKLIST

I. FACILITY IDENTIFICATION

A. Facility Name _____ B. Street (or other identifier) _____

C. City _____ D. State _____ E. Zip Code _____ F. County Name _____

G. Nature of business; identification of industrial and waste management operations;
relevant SIC codes _____

H. EPA ID # _____

I. Facility Contact (Name and Phone Number) _____

II.A. For onsite facilities, complete the generator checklist Comments

B. General Facility Standards

1. General

a. Does the facility conduct waste analysis (total and
TCLP) on-site or through a commercial laboratory?

b. Describe the frequency of sampling conducted by the
facility.

2. Treatment Facilities

a. Has the treatment facility revised its waste
analysis plan [§268.7(b)] to meet the requirements
of §264.13 or §265.13? Yes No*

(i) Is the treatment facility conducting TCLP
tests for wastes specified in Appendix A
(i.e., those prohibited wastes subject to
treatment standards expressed as waste
extracts) per 286.7(b)(i)? Yes No*

* A potential violation is indicated

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

- (ii) Is the treatment facility using the paint filter test for the California waste residues [§268.7(b)(11)]? ☐ Yes ☐ No
- (iii) Is the treatment facility testing the pH of California waste residues? ☐ Yes ☐ No
- (iv) Is the treatment facility testing concentrations (not extracts) in the waste residues for prohibited wastes with established treatment standards expressed as waste concentrations [§268.7(b)(3)]? ☐ Yes ☐ No*
- (v) Is the treatment facility testing extracts of the waste residues for prohibited wastes having established treatment standards expressed as extract concentrations [§268.7(b)(1)]? ☐ Yes ☐ No*

3. Land Disposal Facilities

- a. Has the facility retained all notices and certifications from generators, storage and treatment facilities [§268.7(c)(1)]? ☐ Yes ☐ No*
- b. Are wastes and waste residues tested for compliance with applicable treatment standards and prohibitions [§268.7(c)(2)]? ☐ Yes ☐ No*
- c. Are they being tested in conformance with the frequency specified in the waste analysis plan [§268.7(c)(3)]? ☐ Yes ☐ No*
- d. Are the appropriate tests (TCLP vs. total waste) being used [§268.7(c)(2)]? ☐ Yes ☐ No*

C. Storage (§268.50)

1. a. Are restricted wastes exceeding treatment standards stored (excepting wastes subject to no migration exemptions, nationwide variances, case by case extensions, soft-hammered wastes)? ☐ Yes ☐ No

If no, go to "c."

- b. Are all containers clearly marked to identify content and date(s) entering storage [§268.50(a)(2)]? ☐ Yes ☐ No*

* A potential violation is indicated

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

c. Do operating records track the location, quantity and dates that wastes exceeding treatment standards entered and were removed from storage [§264.73 or §265.73]? ☐ Yes ☐ No*

d. Do operating records agree with container labeling [§268.50(a)(2) or §264.73 or §265.73] ☐ Yes ☐ No*

e. Is waste exceeding treatment standards stored for less than 1 year? ☐ Yes ☐ No

If yes, can you show that such accumulation is not necessary to facilitate proper recovery, treatment, or disposal? ☐ Yes ☐ No

If yes, state how: _____

f. Was/is waste exceeding treatment standards stored for more than one year? ☐ Yes ☐ No

If yes, state the owner/operator's proof that such storage was solely for the purposes of accumulation of such quantities of hazardous waste as are necessary to facilitate proper recovery, treatment, or disposal: _____

D. Treatment in Surface Impoundments (§268.4)

1. Are prohibited wastes placed in surface impoundments for treatment? ☐ Yes ☐ No

If no, go to E.

2. Is the only recognizable "treatment" occurring in the impoundment either evaporation, dilution, or both [§268.4(b) and §268.3]? ☐ Yes* ☐ No

3. Did the facility submit a certification of compliance with minimum technology and ground water monitoring requirements, and the waste analysis plan to the Agency [§268.4(a)(4)]? ☐ Yes ☐ No*

4. Have the minimum technology requirements been met [§268.4(a)(3)]? ☐ Yes ☐ No*

a. If the minimum technology requirements have not been met, has a waiver been granted for that unit(s) [§268.4(a)(3)(iii)]? ☐ Yes ☐ No*

* A potential violation is indicated

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

5. Have the Subpart F ground-water monitoring requirements been met [§268.4(a)(3)]? ☐ Yes ☐ No*

6. Have representative samples of the sludge and supernatant from the surface impoundment been tested separately, acceptably, and in accordance with the sampling frequency and analysis specified in the waste analysis plan and are the results in the operating record for all wastes with treatment standards or prohibition levels [§268.4(a)(2)]? ☐ Yes ☐ No*

7. Did the hazardous waste residue (sludge or liquid) exceed the treatment standards or prohibition levels? ☐ Yes ☐ No

8. Provide the frequency of analyses conducted on treatment residues: _____

Does the frequency meet the requirements of the waste analysis plan [§264.13 or §265.13]? ☐ Yes ☐ No*

9. Does the operating record adequately document the results of waste analyses performed [§264.13 or §265.13]? ☐ Yes ☐ No*

10. Have the hazardous waste residues that exceed the treatment standards and/or prohibition levels been removed adequately and on an annual basis [§268.4(a)(2)(ii)]? ☐ Yes ☐ No*

a. If answer to 6 is no and supernatant is determined to exceed treatment concentrations, is annual throughput greater than impoundment volume? (note: sludge exceeding treatment standards must be removed) ☐ Yes ☐ No

11. If residues were removed annually, were adequate precautions taken to protect liners and do records indicate that inspections of liner integrity are performed? ☐ Yes ☐ No

12. When removed, were residues of restricted wastes managed subsequently in another surface impoundment? ☐ Yes ☐ No

a. Were these residues subject to a valid 268.8 certification? ☐ Yes ☐ No*

13. When removed, were wastes treated prior to disposal? ☐ Yes ☐ No

a. If yes, are waste residues treated on or offsite?
☐ Onsite ☐ Offsite
TSDP-4

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

b. Identify management method _____

E. Treatment

1. Does the facility operate treatment units (regulated or exempt) (not including surface impoundments)?
_____ Yes _____ No

If no, go to "F."

2. Describe the treatment processes, including exempt processes.

3. Does the facility treat soft hammered wastes?
_____ Yes _____ No

a. If yes, is treatment occurring as described in the generator's certification/demonstration [§268.8(c)(1)]?
_____ Yes _____ No*

b. Did the treatment facility certify he treated the soft hammered waste as per the generator's demonstration and maintain copies of all certifications [268.8(c)(1)]?
_____ Yes _____ No*

c. Did the treatment facility send a copy of the generator's demonstration and certification to the receiving treatment, recovery, or storage facility [§268.8(c)(2)]?
_____ Yes _____ No*

4. Does the facility, in accordance with an acceptable waste analysis plan, verify that the residue extract from all treatment processes for the restricted wastes are less than treatment standards or prohibition levels [§268.7(c)(2)]?
_____ Yes _____ No*

5. Describe frequency of testing of treatment residuals.

6. Was dilution used as a substitute for treatment [§268.3]?
_____ Yes* _____ No

* A potential violation is indicated

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

7. Are all notifications, certifications, and results of waste analyses kept in the operating record [§264.73(b) or §265.73(b)]? ☐ Yes ☐ No*

8. Are notices provided to land disposal facilities complete with Waste Number, treatment standard, manifest number, and analytical data (where available) submitted for each shipment of waste or treatment residual that meets the treatment standard stating that waste has been treated to treatment performance standards [§268.7(b)(4) and (5) and §268.8(c)(1)]? ☐ Yes ☐ No*

9. If the waste or treatment residue will be further managed at another storage or treatment facility, has the treatment facility complied with the 268.7(a) notification and certification requirements applicable to generators [§268.7(b)(6)]? ☐ Yes ☐ No*

F. Land Disposal

1. Are restricted and/or prohibited wastes placed in land disposal units (landfills, surface impoundments** waste piles, wells, land treatment units, salt domes/beds, mines/caves concrete vault or bunker?) ☐ Yes ☐ No

2. Did facility have the notice and certification from generators/treaters in its operating record that all prohibited wastes disposed met standards for generation or treatment [§§268.7(c)(1); 268.7(a),(b)]? ☐ Yes ☐ No*

3. Did the facility obtain waste analysis data through testing of the waste to determine that the wastes are in compliance with the applicable treatment standards [§268.7(c)(2)] ☐ Yes ☐ No*

If yes, was the frequency of testing as required by the facility's waste analysis plan [§264.13 or §265.13]? ☐ Yes ☐ No*

4. Were prohibited wastes exceeding the applicable treatment standards or prohibition levels placed in land disposal units [268.30] excluding national capacity variances [268.30(a)]? ☐ Yes ☐ No

If yes, did facility have an approved waiver based on no migration petition [268.6] or approved case-by-case or capacity extension [268.5] or treatment standard variance [268.44][§268.30(d), §268.31(d), §268.32(g), §268.33(e)]? ☐ Yes ☐ No*

* A potential violation is indicated

**Do not include SIs addressed under Section "D" of this checklist.

Facility Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

5. Were restricted wastes subject to a national capacity variance or case-by-case extension disposed? ☐ Yes ☐ No
- If yes, have the minimum technology requirements been met for all units receiving such wastes [§268.30(c), §268.31(c), §268.32(d), §268.33(d)]? ☐ Yes ☐ No*
6. Were adequate records of disposal maintained [§264.73(b) or §265.73(b)]? ☐ Yes ☐ No*
7. If wastes subject to a nationwide variance, case-by-case extensions [268.5], or no migration petitions [268.6] were disposed, does facility have generator's notices [268.7(a)(3)] and records of disposal [§264.73(b) or §265.73(b)]? ☐ Yes ☐ No*
8. If the facility has a case-by-case extension, can the inspector verify that the facility is making progress as described in progress reports? ☐ Yes ☐ No
9. If the owner/operator is disposing of a soft-hammer waste, is he maintaining the generators and treaters (if applicable) notices and certifications [§268.8(a)(2)-(a)(4)]? ☐ Yes ☐ No*
- a. Is the facility disposing of any soft hammer wastes that may be classified as California wastes? ☐ Yes ☐ No
- b. Did the facility seek to verify whether these wastes may be subject to all restrictions, e.g., California ban? ☐ Yes ☐ No

* A potential violation is indicated

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT

Tom's Disc

INSPECTION REPORT

REPORT PREPARED FOR:

- ☒ Generator
☐ Transporter
☐ HWM (TSD) Facility

FACILITY INFORMATION

Name: NORTH AMERICAN REISS Corp.
Address: MOUNT VERNON ROAD
ENGLISHTOWN, NJ 07726
Lot: _____ Block: _____
County: MONTGOMERY
Phone: 201-446-6100
EPA ID#: NJO 000317933
Date of Inspection: 3/4/85

PARTICIPATING PERSONNEL

State or EPA Personnel: TOM SOLECKI, USEPA
HERB MOLHOLLAND, USEPA
Facility Personnel: DAVID ANAGNOS, PLANT
ENGINEER

Report Prepared by Name: TOM SOLECKI
Region: II
Telephone #: 212-264-6144
Reviewed by: CKenna Amis
Date of Review: 3.5.86

FACILITY NAME: NORTH AMERICAN REISS

ADDRESS: ENGLISH TOWN, N.J.

TIME IN: 9:30

COUNTY: MONMOUTH

TIME OUT: 12:30

EPA ID : NTD 000317933

DATE OF INSPECTION: 3/4/85

PHOTOS TAKEN

☐ YES

☒ NO

If yes, how many? _____

SAMPLE TAKEN

☐ YES

☒ NO

NO. OF SAMPLES _____

NJDEP ID # _____

MANIFESTS REVIEWED

☒ YES

☐ NO

Number of manifests in compliance 15

Number of manifests not in compliance 0

List manifest document numbers of those manifests not in compliance.

CONFIDENTIAL - RECOMMENDATIONS

TO: _____

FROM: _____

DATE: _____

SUBJECT: _____

This image shows a single sheet of white paper with horizontal black ruling lines. A vertical black line runs down the left side, creating a narrow margin. The paper is otherwise blank, with no handwriting or other markings.

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS

Facility manufactures plastic custom molding for the electronic industry (i.e. HP, Wang, AT&T). THESE MOLDING ARE MADE WITH the use of 4 presses. The molding are painted (Paint spray booths) which results in the generation of waste. (0001)

The presses are located above pits (approx 12' wide / 12' deep) in which A CONCRETE These pits collect oil/water which is PUMPED OUT AND STORED IN A 275 AND 550 GALLON CONTAINER ON SITE. RECYCLED.

Describe the activities that result in the generation of hazardous waste.

PAINT SPRAY booths - poly urethane and spent solvents (D001)

Fualty Reports informed inspector

1500 gal / 6 weeks liquid ~ 30 drums

60 drums / 6 month solids 2 TRANS YEAR

Identify the hazardous waste located on site, and estimate the approximate quantities of each.
(Identify Waste Codes)

1. D001 - Liquids / Solids PAINT Sludges / Solvents

Liquids				Sludges				
OPEN	labeled	Not label	Full, 1/2-1	OPEN	Faded + Label	Not label	Full 1/2-1	
0	18	14	21 9	37	37	65	49	53
	18	14	21					

NOTES : 12 drums solid sludge faded labels.

STRONG ORGANIC odor from open drums

24 drums label ST. ACC. DATE 10/86

13 drum label START ACC. DATE 1/7/86 - 2/3/86

1 Drum full liquid - TIPPED IN AISLE

1 DRUM Sludge LEAKING

35 DRUMS RUSTED

2. 50 empty paint cans

3. oil for recycling 275 gal / 550 gal CONTAINER.
8 DRUMS oil

GENERATOR INSPECTION CHECKLIST

		YES	NO	N/A
7:26-8.5	<u>Hazardous waste determination</u>			
	(a) Did the generator test its waste to determine whether it is hazardous?	✓	—	—
	Is the waste hazardous?	✓	—	—
7:26-8.5(b)2	Is the generator determining that its waste exhibits a hazardous waste characteristic(s) based on its knowledge of the material(s) or processes used?	✓	—	—
	Has hazardous waste been shipped off site since November 19, 1980?	✓	—	—
	If yes, how many shipments, off site, have been made and describe the approximate size of an average shipment made on a monthly basis. If facility is a small quantity generator, please explain.			
	<p>SEE ATTACHED MANIFEST RECORD.</p> <p>2 2 BULK SHIPMENT / MONTH DEC 1 ≈ 1570 GALLONS</p> <p>1986 55 SHIPMENTS</p> <p>1985 2 SHIPMENTS 4500 GAL / SHIPMENT</p> <p>1984 6 SHIPMENTS ≈ 12-50 DRUMS / SHIPMENT</p>			
7:26-7.4(a)1	Does the generator have an EPA ID #?	✓	—	—
7:26-7.4(a)4	Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient)	✓	—	—
7:26-7.4(a)4i	The generator's name, address and phone number?	✓	—	—
7:26-7.4(a)4ii	The generator's EPA ID number?	✓	—	—
7:26-7.4(a)4iii	The transporter(s) name, address and phone number?	✓	—	—
7:26-7.4(a)4iv	The transporter(s) EPA ID number?	✓	—	—
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility?	✓	—	—
7:26-7.4(a)4vi	The TSDF's EPA ID number?	✓	—	—
7:26-7.4(a)4vii	The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?	✓	—	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-7.4(a)4viii	Special handling instructions and any other information required on the form to be shipped by the generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:			
7:26-7.4(a)5i	Sign the manifest certification by hand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iv	Give remaining copies of the manifest form to the transporter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(f)1	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)2	If not:			
	1. Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at 609-292-9877 to inform the NJDEP of the situation, and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2. Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Before transporting or offering hazardous waste for transportation off site, does the generator?			
7:26-7.2(a)	Conspicuously label appropriate manifest numbers on all hazardous waste containers that are intended for shipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.2(b)	Insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations (i.e., 49 CFR 171 - 49 CFR 179)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

7:26-9.3

Accumulation time

How is waste accumulated on site?

- ☒ Containers
- ☐ Tanks (complete HWMF checklist)
 - ☐ Aboveground ☐ Below ground
- ☐ Surface impoundments (complete HWMF checklist)
- ☐ Piles (complete HWMF checklist)

7:26-9.3(a)3

Is each container clearly dated with each period of accumulation so as to be visible for inspection?

— ☒ —

7:26-9.3(a)1

Is waste accumulated for more than 90 days?

☒ —

If yes, complete HWMF checklist.

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSD) CHECKLIST IS FILLED OUT.

SHORT TERM ACCUMULATION STANDARDS (FOR GENERATORS WHO ACCUMULATE WASTE IN CONTAINERS FOR 90 DAYS OR LESS)

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4	<u>Containers</u>			
	What type of containers are used for storage. Describe the size, type and quantity and nature of waste (e.g., 12 fifty five gallon drums of waste acetone).			
	<i>55 gallon DRUMS</i>			
7:26-9.4(d)1i	Do the containers appear to be in good condition, not in danger of leaking?	—	<input checked="" type="checkbox"/>	—
	If no, please describe the type, condition and number of leaking or corroded containers. Be detailed and specific.			
7:26-9.4(d)4i	Are all containers securely closed except those in use?	—	<input checked="" type="checkbox"/>	—
7:26-9.4(d)4iii	Do containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing or leaking?	—	<input checked="" type="checkbox"/>	—
7:26-9.4(d)4iv	Are containerized hazardous waste segregated in storage by waste type?	<input checked="" type="checkbox"/>	—	—
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	—	<input checked="" type="checkbox"/>	—
7:26-9.4(d)5	Is the storage area inspected at least daily?	—	<input checked="" type="checkbox"/>	—
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 feet (15 meters) from the facility's property line?	<input checked="" type="checkbox"/>	—	—
7:26-11.2	<u>Tanks</u>			
7:26-12.1(a)	Does the generator store hazardous waste in tanks?	—	—	<input checked="" type="checkbox"/>
	If yes, what are the approximate number and size of tanks containing hazardous waste?			

Identify the waste treated/stored in each tank.

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
<u>General Operating Requirements</u>				
7:26-11.2(a)2	Are the tanks maintained so that there is no evidence of past, present, or risk of future leaks?	---	---	---
	If no, please explain.			
	Are there leaking tanks?	---	---	---
7:26-11.2(a)2	Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger or ruptures, corrosion, leaks or other failures?	---	---	---
7:26-11.2(3)	Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?	---	---	---
7:26-11.2(a)4	If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?	---	---	---
7:26-11.2(d)	<u>Inspections</u>			
	Is the tank(s) inspected each operating day for:			
	1. Discharge control equipment	---	---	---
	2. Monitoring equipment	---	---	---
	3. Level of waste in tank	---	---	---
	4. Construction of materials of the tank	---	---	---
	5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures?	---	---	---
7:26-9.2(b)	Are there underground tanks used to store hazardous waste?	---	---	---
	If yes, how many and can they be entered for inspection?	---	---	---
7:26-11.2(e)	Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?	---	---	---
	If no, please explain.			

		YES	NO	N/A
7:26-11.2(f)	Does it appear that incompatible wastes are being stored separate from each other?	—	✓	—
7:26-9.4(g)4	<u>Personnel training</u>			
George - W. W. W. George - C. Welsch G. Yurko.	Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?	✓	—	—
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?	✓	—	—
7:26-9.4(g)5	If yes, have facility personnel taken part in an annual review of the initial training? <i>informal on the job</i>	—	✓	—
	Is there written documentation of the following: <i>Dec 84 - For Engineer</i>	—	—	—
7:26-9.4(g)6i	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	—	✓	—
7:26-9.4(g)6ii	A written job description for each position related to hazardous waste management?	—	✓	—
7:26-9.4(g)6iii	A written description of the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management?	—	✓	—
7:26-9.4(g)6iv	Documentation of actual training or experience received by personnel?	—	✓	—
7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	—	✓	—
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?	—	✓	—

only for plant engineer

JUST FOR Engineer

YES NO N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness
and prevention requirements including
maintaining:

		YES	NO	N/A
7:26-9.6(b)1	An internal communications or alarm system?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(b)2	A telephone or other device to summon emergency assistance from local authorities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(b)3	Portable fire equipment, spill control equipment, and decontamination equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(b)4	Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(c)	Is equipment tested and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(d)1	Is there immediate access to communications or alarm systems during handling of hazardous waste?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(e)	Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If no, please explain.			
	1.) 1 DRUMS LAYING IN AISLE			
	2.) DRUM 4 DEEP			
	In your opinion, do the types of waste on site require all of the above procedures, or are some not required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain.			
7:26-9.6(f)	Has the facility made the following arrangements, as appropriate for the type of waste handled on site:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(f)1	Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment suppliers?	—	<input checked="" type="checkbox"/>	—
7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?	—	<input checked="" type="checkbox"/>	—
7:26-9.6(f)5	Arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	—	<input checked="" type="checkbox"/>	—
7:26-9.7	<u>Contingency plan and emergency procedures</u>			
7:26-9.7(a)	Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?	<input checked="" type="checkbox"/>	—	—
7:26-9.7(b)	Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?	—	—	<input checked="" type="checkbox"/>
7:26-9.7(c)	Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?	<input checked="" type="checkbox"/>	—	—
7:26-9.7(d)	Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.?	—	<input checked="" type="checkbox"/>	—
	If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?	—	—	—
7:26-9.7(e)	Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?	—	<input checked="" type="checkbox"/>	—

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.7(f)	Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates.	—	<input checked="" type="checkbox"/>	—
7:26-9.7(g)	Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?	—	<input checked="" type="checkbox"/>	—
7:26-9.7(h)	Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?	—	<input checked="" type="checkbox"/>	—
7:26-9.7(i)	Is a copy of the contingency plan and all revisions to the plan:	<input checked="" type="checkbox"/>	—	—
	1. Maintained at the facility; and	—	—	—
	2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?	—	<input checked="" type="checkbox"/>	—

WASTE OFF SITE

2/24/86

37 DRUMS SOLIDS D001

2/16/86

1561 BULK D001 ≈ 30 DRUMS

2/11/86

1564 BULK D001 ≈ 30 DRUMS

1/28/86

1564 BULK D001 ≈ 30 DRUMS

1/6/86

1570 BULK D001 ≈ 30 DRUMS

6/27/85

4500 BULK D001

3/9/85

4500 BULK D001

11/16/84

80 DRUMS LIQUID
4400 GALLONS

8/31/84 80 DRUMS LIQ. D001

5/25/84

200 YDS X 910
EMPTY 5 GALL. PAILS

5/29/84 (50) D001 LIQUID 1
DRUMS

2/29/84

12 DRUMS D001 LIQ.

2/23/84

30 DRUMS D001 LIQ.

3/8/83

14000 # F005 LIQ.
37 DRUMS

2/23/83

24 DRUMS F005 LIQ.

2/22/83

24 DRUMS F005 LIQ.

1/26/83

14000 #
33 DRUMS F005 LIQ.